

INDIVIDUALIZED SUPPORTIVE MEASURES

Student Name: _____ School: _____ Date: _____

Class and Schedule Related:

- | | |
|--|--|
| <input type="checkbox"/> Academic support (aides in classes, extra teacher support) or tutoring | <input type="checkbox"/> Class schedule changes, including adjustments so that parties do not share the same classes for the accused (voluntary for complainant) |
| <input type="checkbox"/> Course-related extensions or adjustments | <input type="checkbox"/> Assistance in talking to teachers or school counselors |
| <input type="checkbox"/> Withdrawal from classes or permission to retake classes without penalty | <input type="checkbox"/> Seating (proximity) changes in classes |
| <input type="checkbox"/> Deadline Extensions | <input type="checkbox"/> Change locker location for accused (voluntary for complainant) |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Online course taking options |

Safety or Protective:

- | | |
|--|---|
| <input type="checkbox"/> Report to law enforcement/ Children's Justice Center | <input type="checkbox"/> Lunch scheduling |
| <input type="checkbox"/> Mutual or individual no-contact directives | <input type="checkbox"/> Busing/ school transportation |
| <input type="checkbox"/> Student No Contact Agreement | <input type="checkbox"/> Student Behavior Plan (Example) |
| <input type="checkbox"/> Escort student between classes and/or activities | <input type="checkbox"/> Student No Harm Contract (Example) |
| <input type="checkbox"/> Increased monitoring, supervision, or security in locations or activities where the alleged misconduct occurred | <input type="checkbox"/> Other: |

Educational/Counseling/Mental Health:

- | | |
|---|---|
| <input type="checkbox"/> School based counseling, i.e., individual/group: | <input type="checkbox"/> School based Social Skills Groups/PEP/Overcoming Obstacles/Why Try |
| <input type="checkbox"/> Connection/ visits with a trusted adult at the school | <input type="checkbox"/> Team RAW Skill Building |
| <input type="checkbox"/> Wellness Room | <input type="checkbox"/> Social Emotional Curriculum Second Step (6th and 7th) |
| <input type="checkbox"/> Referrals for Counseling Services Community Mental Health Services Parent Permission Form (4 sessions) | <input type="checkbox"/> Mental & Emotional Health Curriculum Standards/Lessons |
| <input type="checkbox"/> Multi-tiered System of Support | <input type="checkbox"/> Utah Behavioral Services |
| <input type="checkbox"/> Other: | |

MUST be provided to the Title IX Coordinator

Also provide documentation as to the reasons for *not* offering supportive measures as proposed.